C. CITY (If outside corporate limits, write RURAL and street forwards) of the correct correct corporate limits, write RURAL and street correctly of the correct correct corporate limits, write RURAL and street correctly of the correct correct correct corporate limits, write RURAL and street correctly of the correct co	" GIED IAI	A4 4 40 FW A		EALTH OF MISSOURI	•	
I. PLACE OF DEATH S. COUNTY Care Girardeau b. CITY of evides corporate limits, write RURAL and sire consults limits. Write RURAL and sire consults limits with substance limits. Write RURAL and sire consults limits limited limits limited limits limited limits. Cape Rural Rural Limits limited limits limited limits limited limits. Cape Rural Rural Limits limited limits limited limits. Cape Rural Rural Limits limited limits limited limits. Cape Rural Rural Ru	HIED DAT	1 4 1951	STANDARD CERTIF	FICATE OF DEAT	H State File N	امران ماران
LENGTH OF STATE STAT		,	REG. DIST. NO	_ PRIMARY REG. DIST. N	_	
LENGTH OF COUNTY Cape Parish b. CITY (If evaluable componed limits, write BURNAL and after correlation) TOWN Cape GITATOGAN d. FILL NAME OF (if not is hospital or institution, give stress address or localized) d. FILL NAME OF (if not is hospital or institution, give stress address or localized) INSTITUTION. SOUTHERS HOSPITAL INSTITUTION. SOUTHERS HOSPITAL NAME OF (if not is hospital or institution, give stress address or localized) INSTITUTION. SOUTHERS HOSPITAL IN	· COUNTY	•		2 USUAL RESIDEN	NCE (Where deceased lived. If	institution: residence !
TOWN Cane Girardan 6. FILL NAME OF Con in baptial or tactitation, give strest address or localized 1. STRUTTION SOUTHERS & HOSPITAL 1. STRU	Ca			a. SIATE MISS	Souri 6. COUNTY	Cape Padiolad
TOWN Cane Girsardeau A FULL NAME OF GIR Date is begind or bactination, girs stores address or foodblook A FULL NAME OF GIRD SOUTH SPANISH OF GIRSTON SOUTH SPANISH OF GIRSTON SOUTH SPANISH OR SOUTH SPANISH OF GIRSTON SOUTH SPANISH STREET TORRES OF DATE OF BIRTH OF CALLS OF CATT OF CATT OF CATT OF CALLS OF CATT	TOWN		township) STAY (In this place	OR (III definite postpora	ate limits, write RURAL and give t	township)
INSTITUTION. Southeast Hospital ADDRESS 10 South Spanish Street Decreased 10 South Spanish Street Decreased 10 South Spanish Street ADDRESS 10 South Spanish Street Decreased 10 South Spanish Street ADDRESS 10 South Spanish Street O'Daniells 0 Decreased Decreased 10 Decre		<u>Girarde</u>	911 7 / 2011	TOWN Cane	Girardeau	0169
DECEASED B. (First) DECEASED C. (Last) C. (Last) C. (Last) DECEASED C. (Daniells C. (Last) DECEASED C. (Daniells C. (Last) DEATH DEC. 21, 1950 S. SEX S. COLOR OR RACE T. MARRIED, NEVER MARRIED, NEVER MARRIED, WILDWORLD DIVORGED (depedity will be considered in the co	. NOSTITAL OR			II ADDDECC		W
(1) Deniells OPAN Dec. 21, 1956 S. SEX O 6. COLOR OR RACE WINDUED NEVER MARRIED. WINDUED DIVORCED (Speadly) Male White Windued or which will be winded a winder of working the sext and verticed to be diverted by the sext of which of the winder of working the sext of which of which the winder of working the sext of working the sext of which of which the winder of working the sext of which of which the winder of working the sext of which of which the sext of which of which the winder of working the sext of which of which the winder of which the winder of which of which the which of which of which of which of which of which of which the which of which of which of which of which of which of which the which of				10 S		Street
HASE 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, White 100. USAL OCCUPATION (Divided when the control of the control			D. (Mitaute)	-	OF	((1001)
Maid White Widowed Discrete National Widowed			1.7 MARRIED NEVER MARRIED	LA BITT OF BIRTH	LS DEATH Dec.	
10a. USUAL OCCUPATION (Give Indeed work and recited) March 10b. KIND OF BUSINESS OR INDUSTRY (Recitation of working the weather of working the weather of working the weather of working the weather of t	0		WIDOWED, DIVORCED (Specify),	Cont 16 15		
DUSTRY MUTPHY Shore, Illinois COUNTY MUTPHY Shore, Illinois COUNTY Made to the doce and the most of works and the disease or condition counting deeth.	10a. USUAL OCCUPATIO	N (Chia blad of	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State on to		
13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. Do., or unknown) (If yes., sive wat or dates of service) 16. SOCIAL SECURITY (NO. NO. NO. NO. NO. 18. CAUSE OF DEATH Editer only one source of the mode of dring, such (March 1964) 15. DISCASE OR CONDITION 15. DISCASE OR CONDITION 16. MOTHER FORCES? (Yes. Do., on and (o) 16. DISCASE OR CONDITION	domeduring most of working Radiator	Shon	DUSTRY			12. CITIZEN OF WH
RUDEN O Daniells Unknown S. WAS DECEASED EVER IN U. S. ARMED FORCES? Year, noor maknown) If year, size was or dates of service 10. CAUSE OF DEATH Enter only one cause op mine for the color of the decease of mine to the fore to the decease of search of the decease of the search of the decease of the mine for (a), (b), and (c) This does not mean the mode of dying, such as least fullure, esthema, in which caused death. ANTECEDENT CAUSE Merbid conditions, if any, gising DUE TO (b) Une To (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions. 20.			136. MOTHER'S MAIDE			0.5.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY TO. INFORMANT'S SIGNATURE OR NAME ADDRESS (TWO. BO. OF UNION COLUMN COLUMN) ADDRESS (TWO. BO. OF UNION COLUMN) (TWO. BO. OF UNION COLUMN) (TWO. OF UNION COLUMN) (TWO. WHILE AT WORK INTO WORK			Unknown	117776	I. NAME OF HUSSARD OR W	IFE
18. CAUSE OF DEATH Inter only one course per line for (a), (b), and (c) "This does not mean the mode of dying, such abeart faller, each such and the mode of dying, such abeart faller, each such as leart faller, each such as learn to the death of the	15. WAS DECEASED EVE	R IN II S ARMED E	FORCEST IS COCIAL CECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
18. CAUSE OF DEATH Enter only one cause of the mode of dring, such as heart follows, astherila dee. It means the discase, injury, or compilication which caused death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDET HOMICIDE 11d. Time (Month) (Day) 12to, PLACE OF INJURY (e.g., in or shows SUICIDET HOMICIDE 12to, Injury or compilication (Day) 12to, PLACE OF INJURY (e.g., in or shows SUICIDET HOMICIDE 12to, Time	NO I	/60, give war or trains	491-07-3497/	A Roman Oil	0 /2011	a
Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! VES NO 21b. PLACE OF INJURY (a.g., in or about Suicide Homicide	*This does not mean the mode of dying, such as heart fallure, asthenia etc. It means the dis- case, injury, or complica-	ANTECEDENT CAL Morbid conditions, rise to the above can the underlying caus	AUSES s, if any, giving DUE TO (b) ause (a) stating see last. DUE TO (c)	recular	felin atra	
19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE 21d. Month) OF INJURY 21e. INJURY OCCURRED WHILE AT I MORK 21f. HOW DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. I hereby certify that I attended the deceased from At work 22a. SIGNATURE 22b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. DATE SIGNATURE 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. ADDRESS 26d. PEGISTRARS SIGNATURE 27d. DATE REGISTRARS SIGNATURE 25d. PURE REGISTRARS SIGNATURE 25d. ADDRESS 26d. PEGISTRARS SIGNATURE 25d. FUNERAL DIRECTOR'S SIGNATURE 25d. FUNERAL DIRECTOR'S SIGNATURE 25d. FUNERAL DIRECTOR'S SIGNATURE 25d. FUNERAL DIRECTOR'S SIGNATURE 26d. ADDRESS 27d. ADDRESS 2	tion which caused death.	Conditions contribut	nuting to the death but mad			1231
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (a.g., in or about Suicide bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR	The mark of open it	related to the disease	se or condition causing death.	-	ě.	421
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22d. I hereby certify that I attended the deceased from 12/9, 1950, to 12/1, 1850, that I last saw the deceased alies on 12/20, 1950, and that death occurred at 12:45 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE SIGNE 12/1/2/3 24a. BUR IAC. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BIT 12 1 1) Dec. 24, 1950 Lorimier Cemetery Cape Girardeau, Mo. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. REGISTRARS SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22c.	19a. DATE OF UPERA-	195: MAJOR FINDI	INGS OF OPERATION			20. AUTOPSY1
SUICIDE Dome, farm, tactory, street, office bldg.equ. County County	21s. ACCIDENT (· 12	ME DI ACEGEMINOVA - La ANA	I are come more on you		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 12/7, 1950, to 12/2, 1950, that I last saw the decease alive on 12/20, 1950, and that death occurred at 2:45 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 7/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	SUICIDE	br br	ome, farm, factory, street, office bidg., etc.)	216. (CITY, TOWN, OR TOW	/NSHIP) , (COUNTY)	(STATE)
INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 12/9, 1950, to 12/1, 1950, that I last saw the decease alive on 12/20, 1950, and that death occurred at 12:45 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) (Degree or	21d. TIME (Month)	(Day) (Year) (H	dour) 21e. INJURY OCCURRED	21. HOW DID INJURY OC	riipt	
22. I hereby certify that I attended the deceased from \(\frac{1}{2} \), 10 \(\frac{1}{2} \), 10 \(\frac{1}{2} \), 10 \(\frac{1}{2} \), that I last saw the deceased alive on \(\frac{1}{2} \), 20 \(\frac{1}{2} \), 19 \(\frac{1}{2} \), and that death occurred at \(\frac{1}{2} \); \(\frac{1}{2} \), ADDRESS 23b. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) Birial Dec. 24. 1950 Lorimier Cemetery Cape Girardeau, Mo. DATE REGISTRARS SIGNATURE 44 \(\frac{1}{2} \), FUNERAL DIRECTOR'S SIGNATURE ADDRESS (According to the decease of the county of the causes and on the date stated above.	INJURY		WHILEAT NOT WHILE	1	<u>7.</u>	
alive on 12/20, 1950, and that death occurred at 12:45 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 25c. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24d. S. FUMERAL DIRECTOR'S SIGNATURE 25c. DATE SIGNATURE 26d. LOCATION (City, town, or county) 27d. S. FUMERAL DIRECTOR'S SIGNATURE	22. I hereby certify th	hai I attended th	he deceased from 12/19	1057) 10/2/5	21 1057 1422	
23b. ADDRESS 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) 24d. LOCATION (Otty, town, or county) 25c. DATE SIGNATURE 24d. LOCATION (Otty, town, or county) 25c. DATE SIGNATURE 24d. LOCATION (Otty, town, or county) 25c. DATE SIGNATURE 24d. LOCATION (Otty, town, or county) 25c. DATE SIGNATURE 25c. DATE SIGNATURE 26c. DATE SIGNATURE 27c. DATE SIGNATURE 27		120 , 1950	and that death occurred at	.Z': 45Am. from the c	muses and on the date sta	ist saw the deceas
Burial // Dec. 24, 1950 Lorimier Cemetery Cape Girardeau, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2-28-1950 6. 10. Security Commerces	# -/	4.160	(Degree or title)	23b, ADDRESS	Marie 11	23c. DATE SIGNE
Burial / Dec. 24, 1950 Lorimier Cemetery Cape Girardeau, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2-28-/950 0.0. Services Classical Control of Con	24a. BUR JAL. CREMA- TION. REMOVAL (Specify)	24b, DATE	24c. NAME OF CEMETER	OR CREMATORY 24d.	LOCATION (City, town, or co	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 12-28-1950 6. 6. Summers Lawred Lawren Care Survey	Burial ()	Dec.24.1		Cemetery Ca	ape Girardeau	
2-28-1950 TO. To. Dumers plained & Hamen Carety 7	DATE REC'D BY LOCAL 1 - A REG.	REGISTRAR'S SIG	SNOTURE 44			~~~~
	12-28-1430	170.10.2	Dumess	Mawaid 5	Hamur Ca	meli T

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No.

ic No.....

STATEMENT BY LICENSED EMBALMER

11	ereby certify th	at the body v	vhose name is	recorded on	the reverse	side of th	is certificate	was en	ıbalmed l	y me,	OF	by
*******			·····				-*;					

working under my personal supervision.

Signed Jaward & Haman

P. O. Address Challe Surablian

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.